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## APPLICANTS

Carl E. Fabian, Dade County, FL;

\*\* CONTINUING DATA \*\*\*\*\* M6B  
 60/398,040 - not cross referenced.

\*\* FOREIGN APPLICATIONS \*\*\*\*\* M6B

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 11/20/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>M6B</u> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
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## ADDRESS

25901  
 ERNEST D. BUFF  
 ERNEST D. BUFF AND ASSOCIATES, LLC.  
 231 SOMERVILLE ROAD  
 BEDMINSTER, NJ  
 07921

## TITLE

Radiopaque marker for a surgical sponge

FILING FEE  RECEIVED 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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